

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | BM | | 07-05-01 |
| O.I.P.E. CLASSIFIER | LC | | 7/25/01 |
| FORMALITY REVIEW | SM | 920 | 08/21/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|----------|
| Final | |
| Original | |
| 1 | 05/02 |
| 2 | 01/03/02 |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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8/2/01
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